

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9

08067

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
Garrett
County.....
Oakland
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
10 years
How long in above place of death?.....
Hospital, institution, or street address where death occurred:
None
How long in hospital or institution?.....

3. (a) FULL NAME
Dennis Biser

4. Sex
Male | 5. Color or race
White | 6. (a) Single, married, widowed, or divorced
Married

6. (b) Name of husband or wife
Lucinda S. Biser

7. Birth date of deceased (mo., day, yr.)
August 6, 1860
6. (c) If alive, give age
76 years

8. AGE: Years
85 | Months
0 | Days
0 | If less than one day
..... hrs. min.

9. Birthplace
Keyser, Mineral Co. W Va
(Town, county, and state)

10. Usual occupation
Farmer

11. Industry or business
(Retired)

12. Name
Daniel Biser

13. Birthplace
Keyser, W. Va.

14. Maiden name
Louise Davis

15. Birthplace
Keyser, W. Va.

16. Informant
Elza Biser

Address
Oakland, Md.

17. Burial
Burial Date thereof
(Burial, cremation, or removal. Which?)
Aug. 8, 1945
(month) (day) (year)

Cemetery or Crematory
Eglon Community

Location
Eglon, W. Va.

18. Funeral director
Premier Caskets
Address
Terra Alta, W. Va.

19. (Date rec'd by registrar)
8-7-1945
Julia A. Rowan
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State
Maryland | County
Garrett
City or town
Oakland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
None
2. (a) If veteran, name war
None

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH
August 6, 1945, at 12:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 8, 1945, to August 6, 1945,
and that I last saw him alive on July 21, 1945.

Immediate cause of death
Coronary occlusion
DURATION
2 days

Due to
Atherosclerosis of
marked degree
10 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

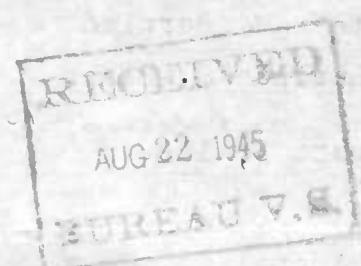
Injured at home, farm, industry, public place (where?)

Means of injury
Injured at work?

23. SIGNATURE
Harold C. Miller, M.D.

M. D. or other

Address
Eglon, W. Va. Date signed 8-6-45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 302

08668

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

County

Garrett

City or town

Rural - Gorman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

18 yrs.

Hospital, institution, or street address where death occurred:

Oak Grove - 1 1/2 mi. from Gorman

How long in hospital or institution?

3. (a) FULL NAME

James Bernard

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Cox

Anna Elizabeth (McRae)

6. (c) If alive, give age

46

years

7. Birth date of deceased (mo., day, yr.)

Feb. 23, 1878

6. (c) If alive, give age

46

years

8. AGE:

Years

Months

Days

If less than one day

67

6

8

hrs.

min.

9. Birthplace

(Town, county and state)

Martinsburg, W. Va.

10. Usual occupation

Farmer & Coal Miner

11. Industry or business

own farm

12. Name

James Edward Cox

13. Birthplace

Ireland

14. Maiden name

Margaret Matilda Murray

15. Birthplace

Martinsburg, W. Va.

16. Informant

Mrs. J. B. Cox

Address

R#1, Gorman, W. Va.

17. Burial

Date thereof

Sept. 3, 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

18. Funeral director

Otha F. Sharpless

Address

Blaine, W. Va.

19. Date rec'd by registrar

Sept. 2, 1945

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Garrett

City or town

Rural - Gorman

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Oak Grove

(If rural, give LOCATION)

2. (a) If veteran, name war

No

3. (b) Social Security Number

320-03-7207

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 31, 1945, at 7:10 A.M.

June, 1945, to August 29, 1945

and that I last saw him alive on August 29, 1945

Immediate cause of death

Cardiac Failure (Left sided)

+ Generalized Anasarca

Due to Chronic Passive Congestive Cardiac

Due to Aortic Heart Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. P. Jamison, M.D.

M. D. or other

Oakland, Md. Route 2

Date signed

9/3/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

08069

166

Reg. Dist. No.

1. PLACE OF DEATH: Garrison
 County
 City or town Deep Creek Lake
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State MD County allegany
 City or town Garrison
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 96 Street name
 (If rural, give LOCATION) ✓

2.(a) If veteran, name war.

3. (a) FULL NAME Home Roger Jackson

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married

8. (b) Name of husband or wife Elaine Jackson

7. Birth date of deceased (mo., day, yr.) Mar. 20 - 1921

8. AGE: Years 24 Months 4 Days 8 If less than one day
 hrs. min.

9. Birthplace Myndale, Somerset, Pa
 (Town, county, and state)

10. Usual occupation shell tester

11. Industry or business allegany Ballistic Plant

MOTHER FATHER 12. Name Wm. Jackson

13. Birthplace Hagerstown, Md.

14. Maiden name Blanch Sholnaker

15. Birthplace Myndale, Pa.

16. Informant Wm. Jackson

Address Garrison, Md

17. Burial allegany Date thereof Aug. 13-1945
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or cemetery allegany
 Location Garrison, Md.

18. Funeral director J. J. Alusal

Address Garrison, Md.

19. 8-12-45 John Rowan Local Registrar
 (Date rec'd by registrar) (Date signed) 8/11/45

3. (b) Social Security Number 215-14-6459

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 1945 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Started after bath 1945 and that I last saw him alive on 19.

Immediate cause of death Accidental Drowning

DURATION
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results home

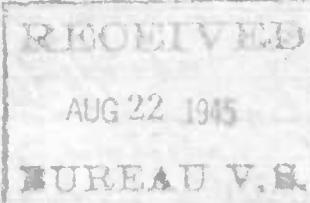
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Accident Date of 8/11/45
 Where did injury occur? Deep Creek Lake Reg. near Hagerstown, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Deep Creek Lake Reg. near Hagerstown, Md.

Means of Injury Drowning Injured at work? No
 (Specify) Drowning

23. SIGNATURE Ed Baumgartner M. D. or other Dr. H. H. Smith
 Address Diamond Mt Date signed 8/11/45



MARGIN RESERVED FOR BINDING

I WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

CAUSE
Primary
Dist. No. _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important.
tions on back of certificate.



10

CERTIFICATE OF DEATH

Maryland

1. PLACE OF DEATH:

(a) County Garrett
 (b) City or borough or township Bearsville
 (c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution
 (Specify whether
 In this community all her life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Garrett
 (c) City or town Bearsville (If outside city or town limits, write RURAL)
 (d) Street No. _____ (If rural give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Martha Salina Knapp

3. (b) If U. S. Veteran, complete
 reverse side of certificate

3. (c) Social Security
 No. _____

5. Color or 6. (a) Single, widowed, mar-
 4. Sex race W ried, divorced W

6. (b) Name of husband or wife 6. (c) Age of husband or wife
 if alive _____ years

7. Birth date of deceased Apr 6 1863
 (Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 24 If less than one day
 hr. min.

9. Birthplace Maryland
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George F. Knapp Deceased

13. Birthplace Md
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Drayor

15. Birthplace Md
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clyde Knapp
 (b) Address

17. (a) _____ (b) Date thereof Sept 3-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Addison Pa

18. (a) Signature of funeral director W. J. Savage
 (b) Address 118 N. Syke Rd

19. (a) Sept 2 1945 (b) Ira Knapp
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month August day 30 P.M.
 year 1945 hour 2 minute _____

21. I hereby certify that I attended the deceased from
did not attend, 19; that I last saw her alive on Aug 29, 1945, and that death occurred on the date and hour stated above.

DURATION
Immediate cause of death

Hemiplegia (R) 4 days-

Due to Cerebral Hemorrhage

Due to Hemorrhage

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature W. J. Savage (M. D. or other)

Address Addison Pa Date signed 8-31-45

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

Did the deceased have Military or Naval service during any war in which the armed forces of the United States were engaged? YES or NO. If such service was rendered, furnish the following information:

Branch of service. ARMY NAVY MARINE CORPS NURSE CORPS

Name of War Serial Number on discharge

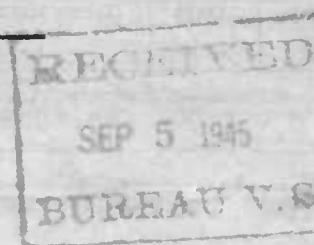
Organization and rank at discharge

Enlisted Discharged

Serial Number on adjusted compensation certificate

Character of Discharge Wounded in action? YES or NO

Number of months overseas





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (R3)

08971

166

CERTIFICATE OF DEATH



Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
 City or town Crellin, Md. Silverton, MD
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Henry Ervine Joshua Lipscomb.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

B. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) June 17th 1916.

8. AGE: Years	Months	Days	If less than one day
29	1	26	hrs. min.

9. Birthplace West Virginia.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Daniel Lipscomb.

13. Birthplace West Virginia.

14. Maiden name Maud Moats.

15. Birthplace West Virginia.

16. Informant Cecil Moats.

Address Crellin, Md.

17. Burial Aug 15th/45
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Family Cemetery

Location Crellin Md.

18. Funeral director Eunice D. Bolden

Address Oakland, Md.

19. Date rec'd by registrar 8-14-45

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Crellin
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

217-14-4040

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1945, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Paramedic after death and that I last saw h..... alive on 19.....

Immediate cause of death.....

Accidental Drowning
 Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results None

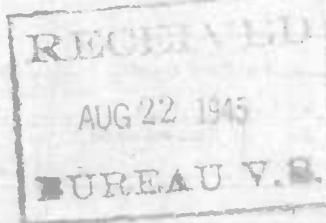
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8/12/45
 Where did injury occur? near Silverton, Garrett, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) LakeMeans of injury Drowning Injured at work? No23. SIGNATURE E.D. Baumgartner, M.D. M. D. or otherAddress Oakland, Md. Date signed 8/13/45

Address.....



M

PLEASE WRITE PLAINLY, WITH ~~INK~~ ^{PLAIN} INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 402

68972

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: Garrett
 County
 City or town Swanton, Md. (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Swanton, Maryland (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

3. (a) FULL NAME John William Mason.
 4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married.
 6. (b) Name of husband or wife Mollie Mason.
 7. Birth date of deceased (mo., day, yr.) February 28th, 1873. 6. (c) If alive, give age 62 years
 8. AGE: Years 72 Months 5 Days 24 If less than one day hrs. min.
 9. Birthplace Swanton, Md. (Town, county, and state)
 10. Usual occupation Farming
 11. Industry or business
 FATHER 12. Name Buckner Mason.
 13. Birthplace Sang Run, Md.
 MOTHER 14. Maiden name Clara Wilburn.
 15. Birthplace Flatwoods, Maryland.
 16. Informant Mrs. Mollie Mason.
 Address Swanton, Maryland.
 17. Burial Date thereof August 24/45 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory North Glade Cemetery.
 Location Swanton, Maryland.
 18. Funeral director Emrys D. Goldsby,
 Address Oakland, Md.
 19. 8-23-45 Julie Swan Registrar
 (Date rec'd by registrar) 19 Registrar Registrar

2. (a) If veteran, name war

3. (b) Social Security Number None

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21st, 1945 a.m. 6:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21-1-45 to 8-21-45 and that I last saw him 8-1-45 die on 8-1-45 of Sarcoma of Intestines

Immediate cause of death: 6 months

Due to:

Due to:

Enlarged Prostate
and Chronic Cystitis 6 months

(Include pregnancy within 8 months of death)

Major findings of operations: Date of op.

Autopsy results:
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edmund S. Edwards M. D. or other

Address Oakland, Maryland Date signed 8-22-45

(Date rec'd by registrar) 19

RECEIVED

SEP 8 1965

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-a

08073

CERTIFICATE OF DEATH

Reg. Dist. No.

172

1. PLACE OF DEATH:

County

Garrett Swanton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

46 yrs

Hospital, institution, or street address where death occurred:

North Glade

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Peter Franklin

Mellinger

7. Birth date of deceased (mo., day, yr.)

July 27, 1872

8. AGE:

73

0

7

hrs.

min.

9. Birthplace

Confluence Penna

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Own Home

12. Name

Charles Nolti

13. Birthplace

Germany

14. Maiden name

Barbara Ellen Bittenger

15. Birthplace

Garrett Co. Md.

16. Informant

Mrs Margaret Johnston

Address

R# 2, Swanton, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Garrett

City or town

Rural

Swanton

Street No.

North Glade

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug. 3

1945 at 8:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 29

45

Aug. 31

1945

and that I last saw her alive on Aug. 29

Immediate cause of death

Diseases

DURATION

Diseases

2 yrs

Diseases

1/2

Diseases

Due to

Diseases

Other conditions

Diseases

(Include pregnancy within 3 months of death)

Major findings of operations

Data of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, Industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Date signed

M. D. or other

Date signed

Date signed

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *RC*

CERTIFICATE OF DEATH

18874
166
Reg. Dist. No.

1. PLACE OF DEATH:
Garrett

County

Mt. Lake Park

City or town

(If outside city or town limits, write RURAL and give nearest town)

18 Months

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Willie O. U. Paugh

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife
Nellie Schooley Paugh7. Birth date of deceased (mo., day, yr.) 8. (c) If alive, give age 9. years
April 16, 1882 608. AGE: Years Months Days If less than one day
63 4 12 hrs. min.9. Birthplace (Town, county, and state)
Garrett Co., Md.10. Usual occupation
Farmer11. Industry or business
Retired12. Name
Columbus Paugh13. Birthplace
Garrett Co., Md.14. Maiden name
Mary L. Moon15. Birthplace
Garrett Co., Md.16. Informant
Mrs. Nellie PaughAddress
Mt. Lake Park, Md.17. Burial
(Burial, cremation, or removal. Which?) Date thereof
8/30/45

(month) (day) (year)

Cemetery or crematory
Oakland CemeteryLocation
Oakland, Md.18. Funeral director
Verleit R. LeightonAddress
Oakland, Md.19. Date rec'd by registrar
8/29/45

(Date rec'd by registrar)

19. Date signed
8/30/45

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State
Maryland County
GarrettCity or town
Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (u) If veteran, name war
-----3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH
August 28, 1945, 4:40A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

----- 1945 to 1945, 10:00 A.M. to 10:00 P.M.

and that I last saw him alive on 0-20-45 1945

Immediate cause of death

Hyper tension and Arteriosclerosis DURATION
----- 5 yrsDue to
Heart AttackDue to
-----Other conditions

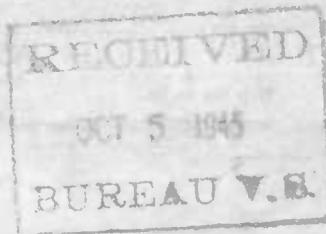
(Include pregnancy within 3 months of death)

Major findings or operations
-----Date of op.
-----Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide
----- Date of
-----Where did injury occur? (City or town) (County) (State)
-----Injured at home, farm, industry, public place (where?)
-----Means of injury
-----Injured at work?
-----23. SIGNATURE
Edward F. Dohard M. D. or other
Oakland, Md.Address
----- Date signed
8/30/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-1

18675

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

County

Garrett

City or town

Rural - Swanton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

35 yrs.

Hospital, institution, or street address where death occurred:

Walnut Bottom R# 3

How long in hospital or institution?

3. (a) FULL NAME

Jesse Francis Sharpless

3. (b) Social Security Number

None

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Blanche Catherine

(Blanche) Sharpless

7. Birth date of deceased (mo., day, yr.)

Oct. 30 1873

8. AGE:

Years

Months

Days

If less than one day

71

9

11

hrs.

min.

9. Birthplace

Garrett Co., Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Own Farm

12. Name

John Sharpless

13. Birthplace

Elk Garden, W. Va.

14. Maiden name

Lucinda Davis

15. Birthplace

Garrett Co. Md.

16. Informant

Mrs. Jesse Sharpless

Address

R# 3, Swanton, Md.

17. Burial

Burial

Date thereof Aug. 14, 1945

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Sharpless Cemetery

Location

Mt. Zion, Garrett Co. Md.

18. Funeral director

John F. Sharpless

Address

Blaine, W. Va.

19. (Date signed by registrar)

Aug. 14, 1945

All Barrick

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Garrett

City or town Rural - Swanton

(If outside city or town limits, write RURAL and give nearest town)

Street No. R# 3

Walnut Bottom

(If rural, give LOCATION)

2.(a) If veteran, name war

no

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11 1945 at 10:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1945 to Aug. 11 1945

and that I last saw h. 11 alive on Aug. 11 1945

Immediate cause of death

acute myocarditis

Due to

arricular fibrillation

Due to

hypertension

Other conditions

Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Ralph Calandella M.D.

M. D. or other

Address Kitzmiller, Md. Date signed Aug. 14, 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20

68078

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County..... Garrett

City or town..... Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

10 month

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charley Felix Strauss.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Divorced

6. (b) Name of husband or wife.....

Ann Strauss.

7. Birth date of

deceased (mo., day, yr.)

February 28th, 1885

6. (c) If alive, give age..... 48 years

8. AGE:

Years

Months

Days

If less than one day

60

6

9

hrs.

min.

9. Birthplace.....

Mariyanpole, Lithnania.

(Town, county, and state)

Coal Mining

10. Usual occupation.....

11. Industry or business

Charley Strauss.

FATHER

MOTHER

MOTHER

FATHER

MOTHER

